FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

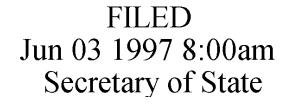
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N39230

(0)

FORT WALTON BEACH FAIRGROUNDS SHRINE ASSOCIATION



, INC.								
Principal Place of Business	Mai	ling Address					8611 64611 81811 61814 61811 41811 61811 408	
1958 LEWIS TURNER BLVD. FT. WALTON BCH. FL 32547		LEWIS TURNER BLVI WALTON BCH. FL 325						
					:	 Date Incorporated or Qualified 07/20/1990 	3a. Date of Last Report 02/09/1996	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21	26				23-7397197	Not Applicat		
Sulte, Apt. #, etc. Suite, Apt. 27			∍tc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be	
23	28					Trust Fund Contribution	Added to Fees	
_ '	· —	Zip	Coun	try		8. This corporation has liability for i		
24 25	Address of Correct Pagists		30			Florida Statutes 10. Name and Address of New Re	Yes No	
9, Name and Address of Current Registered Agent						10. Name and Address of New Ne	gistered Agent	
BIADAU AU ID				11 Name				
RIGDON, C.H., JR. 9 BAY DR.			E	Stree	t Addres	ress (P.O. Box Number is Not Acceptable)		
FT. WALTON BCH. FL 32548		ε	3					
•			8	4 City			FL 85 Zip Code	
	1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered geat or both, which state of the purpose of changing its registered agent. Lam families with, and accept the appointment as registered agent. Lam families with, and accept the obligations of, Section 617.0503, Florida Statutes.							
Signature, typed or printed name of registered agent any little if applicable (NOTE: Re				gent signatu	re required	when reinstating)	DATE	
12.	OFFICERS AND LIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE D		☐ DELETE	1.1 THE	E			Change Addition	
NAME RIGDON, C.	H., JR.		1.2 NAW					
STREET ADDRESS 9 BAY DR.	18011 51		1.3 STR	eet adoress				
CITY-ST-ZIP FT. WALTON	BUH. FL 32	SYP.	_	- ST- ZIP	+		Change Additi	
TITLE D	JADI EG W	☐ pereie	2.1 1(1)				LI Change LI Adom	
MAME RIGDON, CH STREET ADDRESS HWY. 98 EA			2.2 NAM	_				
CITY-ST-ZIP DESTIN FL	32541			EET ADDRESS (- ST - ZIP				
TITLE D	02591	DELETE	3.1 TITL		+-		Change Addition	
	JAM CLAYTON		3.2 NAM		1			
STREET ADDRESS 231 CHATE				 Eet address				
CITY-ST-ZIP FT, WALTON			3.4 CIT	r-ST-ZIP				
TITLE D		DELETE	4.1 TITU				Change Addition	
NAME BOORAS, TI	HEODORE		4. 2 NAN	4E				
STREET ADDRESS 735 REVERE	AVE.		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP FT. WALTON	NBCH. FL 3	2548	4.4 CITY	-ST-ZIP	⅃			
TITLE D	1	DELETE	5.1 TITL	E	E	DSEL BROOKS	Change	
NAME SANDERS , J	OHO /	' '	5.2 NAM	E/ ^	TA	DSEL BIZOOKS 10 Box 534	,	
STREET ADDRESS 512 NO. ST.			5.3 STRE	Whee			/	
CITY-SY-ZIP FT. WALTON	I BCH. FL		5.4 CITY		<u> </u>	restriew, FL 32	<u> 5ರ್ಷ, </u>	
TITLE		☐ DELETE	6.1 TITLI			•	Change Addition	
NAME			6.2 NAM					
STREET ADDRESS	_			ET ADDRESS				
CITY-ST-ZIP	Information available with this	filing done not as all		-ST-ZIP	ptotod :	Continu 119 07(3Vi) Storida Statuto	1 further cartiful that the	

I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper or trustee endowed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Block 13 on an autochment with an address.

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